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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/585,464-Conf. #5882
	<b>Filing Date</b>		May 3, 2007
	<b>First Named Inventor</b>		Marsha A. Moses
	<b>Title</b>	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCERS OF EPITHELIAL ORIGIN	
	<b>Art Unit</b>		N/A
	<b>Examiner Name</b>		Not Yet Assigned
<b>Attorney Docket No.</b>		C1285.70006US01	

I hereby revoke all previous powers of attorney given in the above-identified application.

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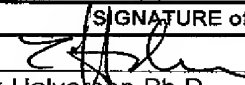
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/29/08
Name	Erik Halvorsen Ph.D.	Telephone	
Title and Company	Director of Technology and Business Development		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 11/5/08

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